Quarterly Report

Planning for Healthy Babies Program® (P4HB®)

1115 Demonstration in Georgia

Year 5

Quarter 1

January 1-March 31, 2015

Submitted to the Centers for Medicare and Medicaid Services
By:
The Georgia Department of Community Health

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OVERVIEW

This report documents programmatic activities and performance of the Planning for Healthy Babies® (P4HB®) program during the first quarter (Q1) of 2015 (January-March 2015). This quarter marks the start of the fifth year of the program. Details regarding measures of program awareness, P4HB eligibility determinations, enrollee counts and growth, the programmatic and outreach activities of the care management organizations (CMOs), and evaluation activities are included in this report.

There were 11,519 women enrolled in the FP only component of the P4HB program at the end of Q1 2015, compared to 11,370 women enrolled in the FP only component at the end of Q4 2014. The interpregnancy care (IPC) and Resource Mother only (RM) components of P4HB, however, experienced a decline in enrollment during Q1 2015. There were 285 IPC women enrolled in a CMO at the end of Q4 2014 and 254 IPC women enrolled in a CMO at the end of Q1 2015. The total number of women receiving Resource Mother Services (IPC and Resource Mother Only women combined) decreased from 317 women at the end of Q4 2014 to 302 by the end of Q1 2015.

The metro-Atlanta counties of Fulton, DeKalb, Gwinnett, Cobb and Clayton were the counties with the highest numbers of women deemed eligible for the P4HB program during Q1 2015. Outside of the metro-Atlanta area, the counties with the highest numbers of women deemed eligible in Q1 2015 were:

- Bibb County (454 women) located in central Georgia and the fifth largest metropolitan area in the state;

- Chatham County (442 women) located on Georgia's Atlantic coast and the third largest metropolitan area in the state;
- Dougherty County (393 women) located in southwest Georgia and the ninth largest metropolitan area in the state; and
- Richmond County (349 women) located in east central Georgia. Richmond County is the second largest metropolitan area in the state after Atlanta.

Effective January 1, 2015, the Georgia Medicaid program implemented a policy change to reduce the time from the woman's eligibility determination to enrollment into a CMO for P4HB services. The assignment waiting period for P4HB participants was shortened from a maximum of 60 days following the eligibility determination to a maximum of 31 days for women failing to select a CMO through which their P4HB services would be delivered. With the implementation of this policy, participants are transitioned to their selected CMO the day following their selection and if they fail to make a CMO selection during the thirty day choice period, they are auto-assigned to a CMO based on the Georgia Families auto-assignment algorithm. Since this policy change allows women to gain quicker access to P4HB services, we hope to further decrease the number of unintended pregnancies. We will discuss with our evaluator their proposal to conduct a retrospective study of the percentage of women coming into the P4HB program already pregnant or becoming pregnant within the first three months of enrollment as of January 1, 2011 and going forward in order to document the effect of this policy change that went into effect on January 1, 2015.

MEASURES OF PROGRAM AWARENESS

Call Volume

The monthly call volume data provided by PSI/Maximus documents those calls to the P4HB call center that are answered by their customer service agents. The data in **Figure 1** demonstrate that the program's call volume fluctuated monthly during Q1 2015 just as it had each quarter during the past year. The call volume in January 2015 was higher (3,245 calls) than the call volume in December 2014 (2,973 calls). While the call volume dipped to 2,744 calls in February 2015, it rose again to 3,004 calls in March 2015, a volume level similarly observed at the end of Q4 2014. It is not clear what caused the decrease in call volume in February 2015.

Figure 1

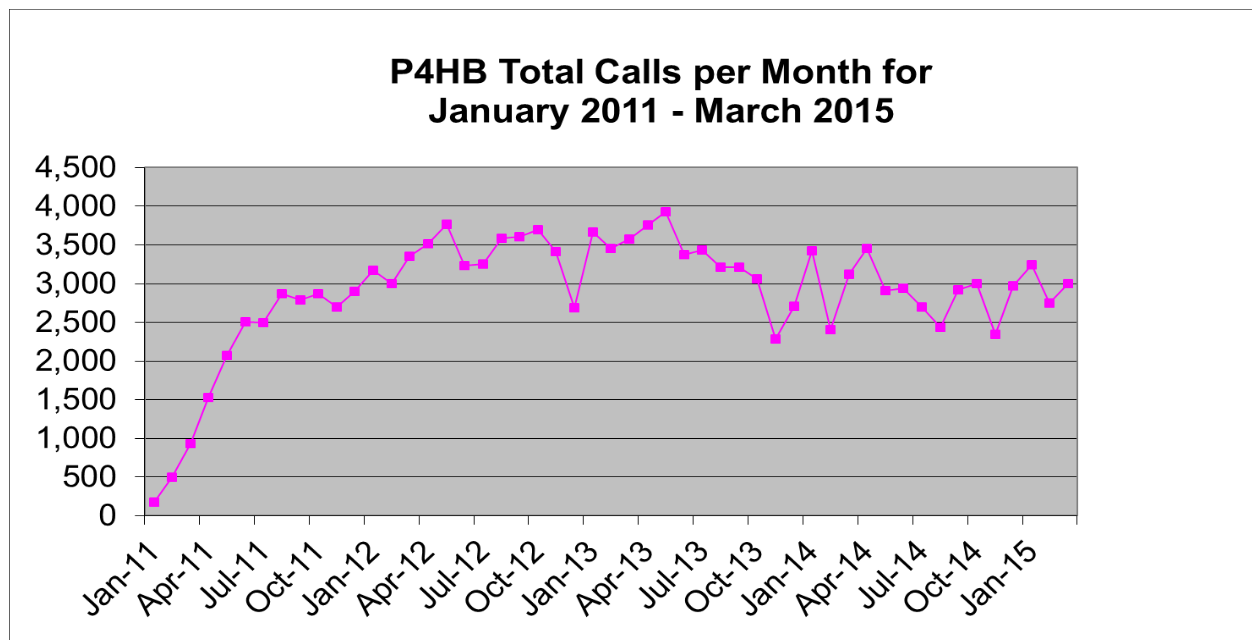


Figure 1: P4HB Total Calls (Answered) per Month (January 2011-March 2015)
Source: PSI – Contact Center Performance Report Current YTD (January 2011–March 2015)

Source of Information

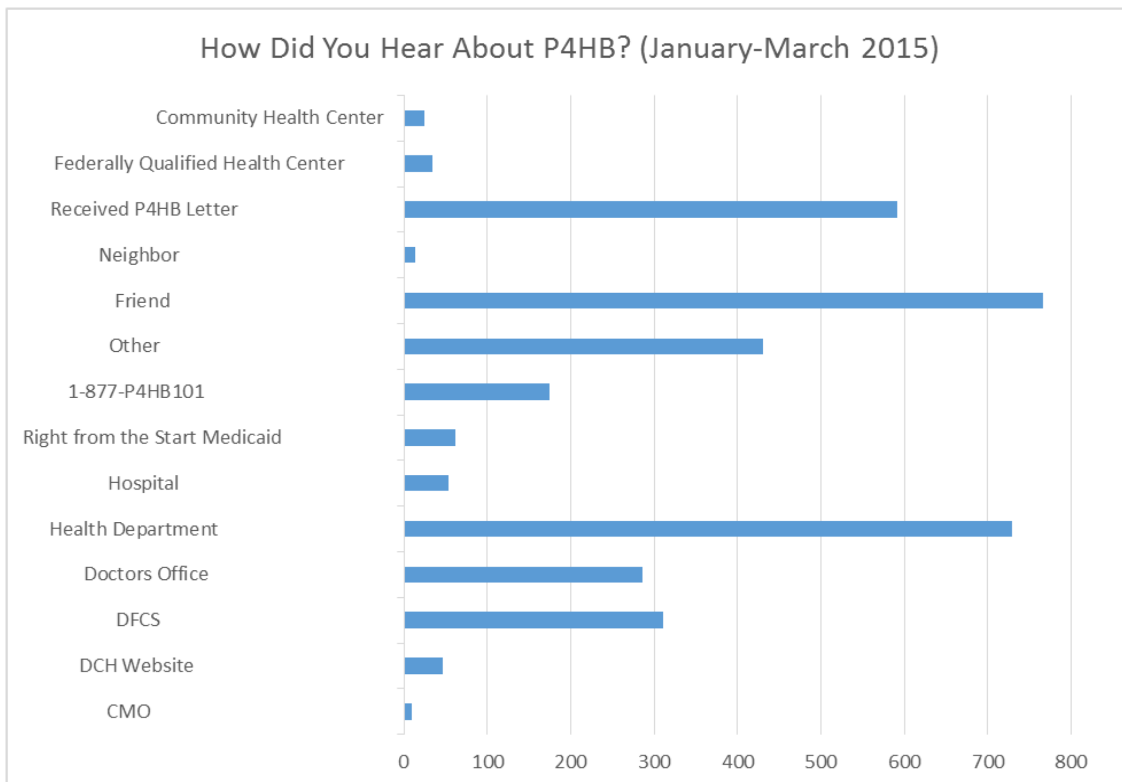
To aid our understanding of how women learn about the P4HB program, applicants are asked to

identify the source of their knowledge about the program on the electronic applications they complete for program participation. **Figure 2** reflects data obtained from the electronic applications for the P4HB program in response to the question, “How did you hear about the P4HB program?” The results for the Q1 2015 survey identified the top three sources of information about the P4HB program as: 1) friends; 2) health department staff members; and 3) via letters sent to Medicaid eligible women during their eighth month of pregnancy by DCH and the CMOs. Georgia’s local county health departments are the second leading source of information about the P4HB program and they play a significant role in educating eligible women about the program. Several of the local health departments have informed the P4HB program staff that they have not been encouraging women to enroll in the P4HB program because they were not sure the program would continue. Georgia has been receiving month-to-month extension approvals for the P4HB program since December 2014 and while the P4HB staff members have reassured the state office public health staff members that the P4HB program is continuing, staff members within the local health departments are not confident the program will actually continue. DCH staff participated in the Georgia Title V planning meeting in early May 2015 and during that meeting the P4HB program was discussed with the Title V stakeholders, including the local health department staff members represented at the meeting. We learned of some of the challenges our public health partners are facing as they educate and assist women with the enrollment process for the P4HB program.

The number of women learning about the program through the federally qualified health centers (FQHCs), also known as community health centers, is increasing. We have collaborated with the Georgia Family Planning System (GFPS), the Title X grantee for the state of Georgia, to spread

the word about the P4HB program. The GFPS partners with over 100 FQHC sites across the state and the executive director has committed to re-assigning some FQHC staff members, on a temporary basis, to educate FQHC patients about the P4HB program and assist them with their electronic applications for the program. We anticipate continued growth in the number of women who learn about the P4HB program through these FQHCs.

Figure 2: How Did You Hear About P4HB? (January-March 2015)



ELIGIBILITY

DCH monitors P4HB eligibility through the program specific reports discussed below.

- **<u>Paper and electronic unique individual applications for the program by month.</u>** (Source: PSI –P4HB Report 001, Run Date: 04/07/2015). The total number of unique paper and web applications increased during Q1 2015 when compared with Q4 2014. Twelve hundred

twenty-two paper applications and 2,009 web applications were received during Q1 for a total of 3,231 applications compared with 1,258 paper applications and 1,776 web applications for a total of 3,034 total applications received during Q4 2014. This increase in the number of applications submitted during Q1 suggests continued interest in and awareness of the program. We noted that 62.2 percent of the Q1 applications were submitted as web applications compared with 58.5 percent submitted as web applications during Q4 2014. By the end of Q1 2015, 57,805 women had submitted a web or paper application for the P4HB program since its inception.

- **Application denials.** As described above, thousands of women have submitted applications seeking to enroll in the P4HB program. Unfortunately, a substantial number of the applicants have been denied eligibility for the program. In the P4HB system, denials are not specific to the FP, IPC, or RM component of the program because members do not apply specifically to any one of those program components. Once they are determined eligible, they are placed in the appropriate P4HB program component. During Q1 2015, there were several leading reasons cited for application denials for the FP component of P4HB, and these ranked differently throughout Q1 2015. In January 2015, the three leading reasons cited for the denial of an application were: 1) failure to complete the review; 2) non-response within 14 days; and 3) failure to verify income. In February and March 2015, the top three reasons included: 1) non-response within 14 days; 2) failure to verify income; and 3) having other Medicaid coverage or other insurance. There were no application denials for women deemed eligible for the IPC component in Q1 2015. It is not clear why women would take the time to submit the application then fail to submit the required paperwork in order to have their eligibility for the P4HB program determined. Likewise, the P4HB program has limited

benefits and it is not clear why women with Medicaid or other insurance coverage that includes family planning services would submit an application for the P4HB program. It may be that women are applying to the P4HB program at the same time they are seeking employment to gain insurance or simply seeking insurance eligibility and their new insurance becomes available just before the P4HB eligibility determination is made. Another possibility might be that women are not well informed about the services available under the P4HB program and apply for coverage prior to gaining a full understanding. As the eligibility determination process moves along, they subsequently decide not to complete the determination process. A significant amount of P4HB program information is available on the DCH website.

- **Enrollee terminations from the P4HB program.** The reasons enrollees are terminated from the P4HB program are practically identical to the reasons women are denied eligibility for the program. In January and March 2015, the most common reasons for termination included: 1) failure to complete the re-determination review: 2) having 'Medicaid - other insurance' and 3) having 'other insurance'. In February 2015, one of the top three reasons why women were terminated from the program was "other reasons (including pregnancy and returned mail)." As mentioned previously, our evaluators have proposed a study to review the number of women found to be pregnant at the time of or shortly after enrollment into a CMO to obtain P4HB services. Having women identify that they are receiving Medicaid or other insurance suggests they were able to access full service health care coverage inclusive of family planning services. This is a positive step for these women since the P4HB program provides very limited benefits.

- **Average age of the women deemed eligible for the P4HB program**. The average age for women deemed eligible for the FP component of the P4HB program has stabilized between 26 and 27 years of age and for the IPC component, it is between 27 and 28 years of age. **Table 1** below provides the age distribution of women deemed eligible in March 2015 and illustrates that 89.5% or 11, 799 of the women deemed eligible for the FP and IPC components of the P4HB program (13,181) in that month were under the age of 36. There were 5,174 women aged 23 – 29 years that were deemed eligible for the P4HB program in Q1 - 39.3% of all of the women deemed eligible for the FP and IPC components of the program. Only 494 of the total number of women deemed eligible during the month of March 2015 were in their late teens (eighteen or nineteen years of age) and of these, only 46 women were 18 years of age. This is to be expected since young women who are 18 years old and meet Medicaid eligibility criteria are eligible for full benefits until their nineteenth birthday.

Table 1: Individuals Deemed Eligible for Family Planning and IPC By Age March 2015		
Deemed Eligible	**Family Planning**	**IPC**
18-22	**4,082**	**76**
18	46	0
19	438	10
20	1,046	15
21	1,399	21
22	1,153	30
23-29	**5,030**	**144**
30-35	**2,396**	**71**
36-40	**944**	**27**
41-44	**400**	**9**
45	**2**	**0**
Total	**12,854**	**327**

Source – PSI P4HB RP004 and 005 for March 2015. The Resource Mothers only component was not included in this table.

- **Average Income**: The average monthly income among women enrolled in the FP only component of P4HB has remained stable. It was $1,234.49 by the end of Q1, compared with the December 2014 average monthly income of $1, 229.95. The average monthly income was $1,206.66 at program inception. For the IPC component, the average monthly income was $1, 299.99 by the end of Q1, approximately $3.00 higher than the December 2014 average.

ENROLLMENT

There were only small fluctuations in overall total enrollment during Q1 2015 and these were similar to those observed during Q4 2014. As of March 31, 2015, a total of 11,821 women were enrolled in one of the Georgia Families CMOs and able to receive P4HB services, including 11,519 FP enrollees, 254 IPC enrollees, and 48 RM enrollees. The overall trend in enrollment is shown in **Figure 3.** While the trend line appears stable since October 2014, there was a slight increase of 1.3% in the FP component from Q4 2014 to Q1 2015 (11,370 to 11,519). On the other hand, as shown in **Figure 4**, enrollment in the IPC component decreased during Q1 by almost 11 percent (from 285 to 254).

Figure 3

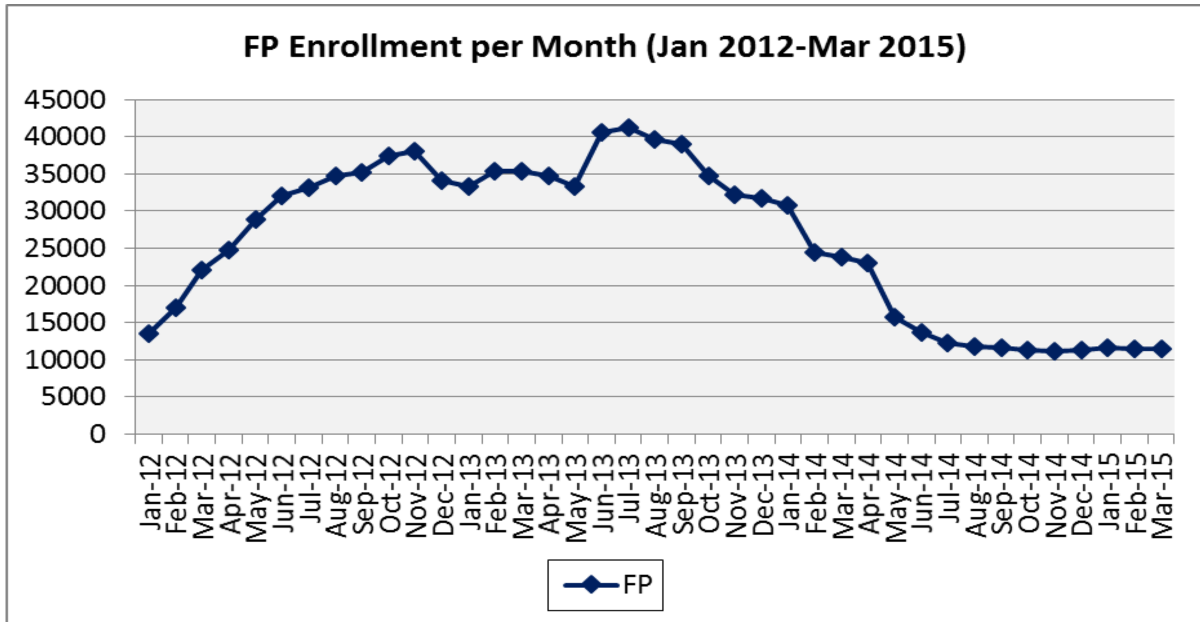


Figure 3: Enrollment per month, per FP enrollee (January 2012-March 2015)
Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

Figure 4

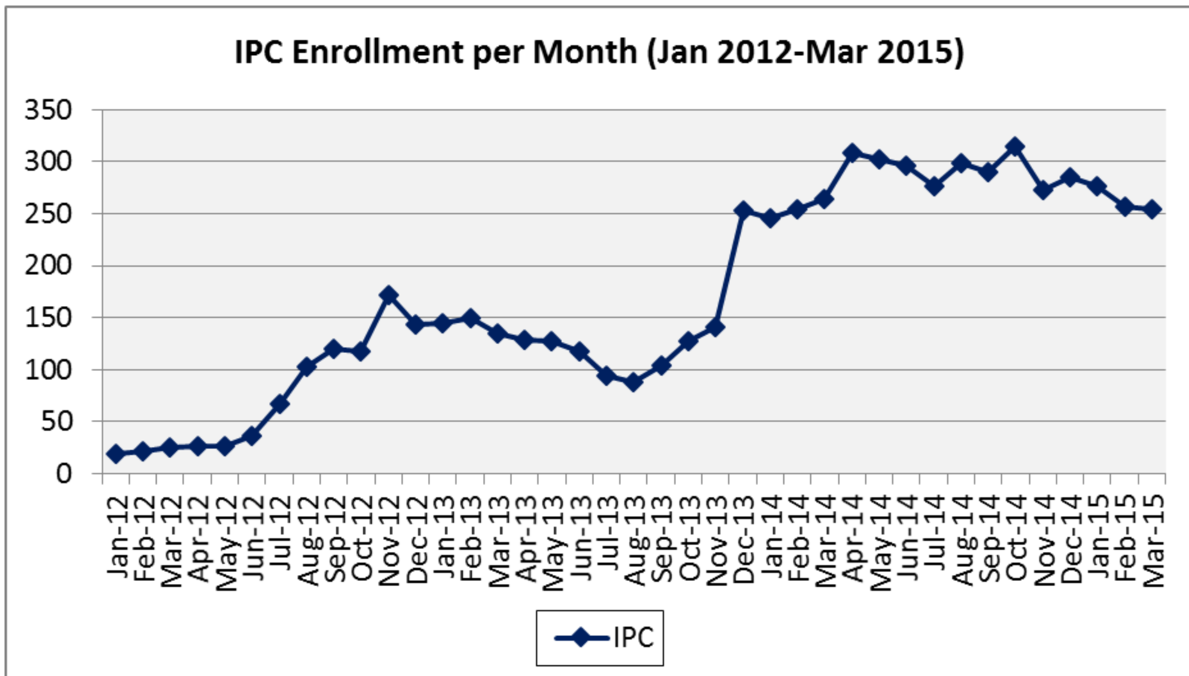


Figure 4: Enrollment per month, per IPC enrollee (January 2012-March 2015) Source: MMIS Reports MGD-3823-M Enrollment after EOM processing

In this and subsequent quarterly reports, monthly enrollment data are being used to provide insight into the patterns seen among the women enrolled in the family planning only component of the demonstration. Since patterns of enrollment will always be affected by the 'cut-off' point of data available, we report mean months enrolled for women enrolled through December 2013. As reported last quarter and shown in **Figure 5** below, the FP enrollees enrolled in the months April 2011 through December 2011 (first year enrollees) exhibited wide variation in the mean number of months each woman remained enrolled. As the program matured, the mean months enrolled in the program stabilized. For those women enrolled between January 2012 and December 2013, the mean months of enrollment remained around 11 months through October 2013 but dropped to 10 months or below in November and December. This drop off most likely reflects the incompleteness of enrollment data for these women rather than a shortening of the P4HB FP enrollment periods. Coupled with the evidence above of increased reporting of 'Medicaid or other insurance' as reasons for termination, it may also be that women were increasingly finding other sources of insurance for family planning services near the end of 2013. As the evaluators prepare the P4HB annual report for 2014, CY 2014 data will be provided to further inform this analysis.

Figure 5

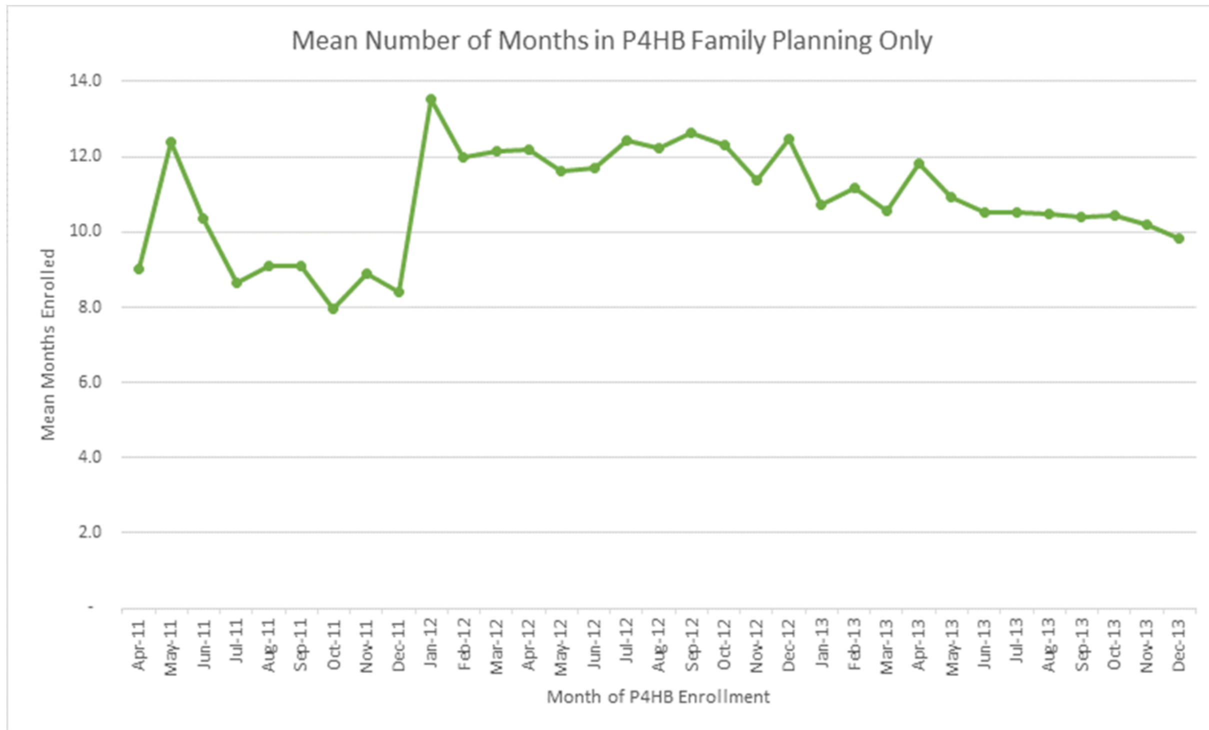


Figure 5: Mean Number of Months in P4HB for FP Enrollees (April 2011-December 2013)
Source: Analysis of Enrollment Data from DCH

The enrollment data also allow us to analyze the disposition of enrollees as they leave the program. In particular, we observe the percentage of each month's enrollment cohort that eventually enrolls in the Medicaid RSM eligibility category which would indicate they have become pregnant and, if an unplanned pregnancy or a short intrapartum interval, could indicate a 'failure' of the P4HB program. In our Q4 2014 report we showed the percentage of FP enrollees who eventually enrolled in RSM by their month of original enrollment. Since this percentage would automatically decline near the end of any observation period (shown as December 2012 in our last quarterly report) we present in **Figure 6**, the percentage of FP women enrolling in P4HB in a given month but moving to RSM within a 12 month period to better standardize this measure.

As shown before, the first year enrollees (these were small numbers of women) were likely confused about the nature of the program as 80-90% of them transitioned to the Right from the Start Medicaid (RSM) eligibility category within 12 months (most were within 6 months in data not shown). This aspect of the program stabilized beginning in early 2012 as the percentage of FP enrollees that enrolled in RSM within 12 months declined to between 10-12%. While the percentage moving from P4HB to RSM varied slightly during the second and third years of the P4HB program, the percentage of those enrolling in December 2013 who subsequently enrolled in RSM within a 12 month period appears closer to 10%. We will continue to monitor this as an outcome in upcoming reports. We note that in addition to those exiting to RSM, another ~14% of FP enrollees moved to low income Medicaid (LIM) each month between January 2012 and December 2013.

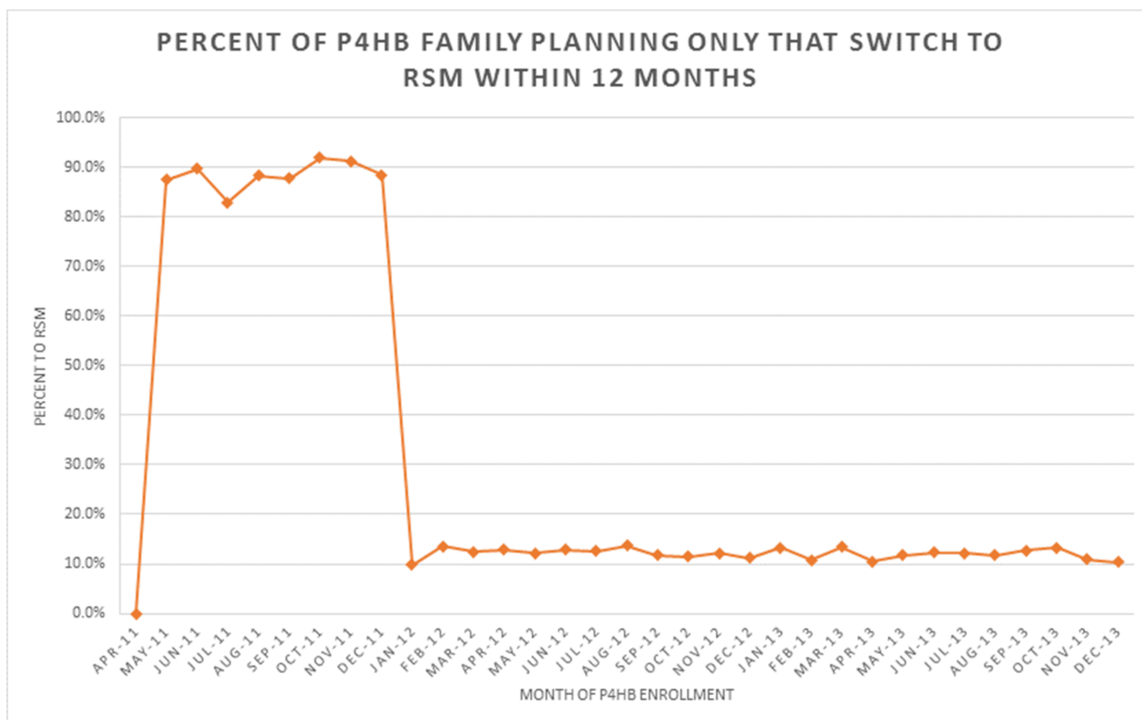


Figure 6: Percentage of FP Enrollees Transitioning to Right From the Start Medicaid (RSM) (April 2011-December 2013) Source: Analysis of Enrollment Data from DCH

As mentioned previously, DCH implemented a policy in January 2015 that transitioned women who had been deemed eligible for the program into their selected or auto-assigned managed care plans within a shorter time frame. However, prior to the P4HB eligibility determination, there may be delays in this process due to the timeliness of the referral of a woman's file to an RSM worker or the timeliness of the responses for requests for additional information to assist with the eligibility determination. DCH monitors these delays encountered by women interested in enrolling in the P4HB program by using the following measures: average time (in days) from receipt of an application to referral to an RSM worker and; the average time (in days) from an RSM request for more information to PSI's response. During Q1 2015, the average time from receipt of a P4HB application to a referral to an RSM worker was 10.87 days; 11.49 days were observed in Q4 2014. From the RSM request for more information to the PSI Maximus response, the Q1 2015 performance was 4.44 days compared with 4.63 days in Q4 2014. The average time from PSI/Maximus sending the renewal request letter to the P4HB member to the PSI/Maximus referral of the member to the RSM worker for closure of the woman's P4HB eligibility (due to non-response of the member) was 28 days in Q1 2015 compared to 29.7 days in Q4 2014.

Table 2: Source of Enrollment Delays, FP Component

Measure	Q4 2014	Q1 2015
Average Time (In Days) from Application to Referral to RSM	11.70 (October) 11.21 (November) 11.57 (December) **Average: 11.49 days**	10.56 (January) 11.19 (February) 10.87 (March) **Average: 10.87 days**
Average Time (In Days) from RSM request for more info to PSI response	5.86 (October) 4.23 (November) 3.79 (December) **Average: 4.63 days**	4.57 (January) 4.03 (February) 4.73 (March) **Average: 4.44 days**
Average Time (In Days) from Renewal to Referral to RSM	31 (October) 30 (November) 28 (December) **Average: 29.7 days**	28 (October) 26 (November) 30 (December) **Average: 28 days**

Source – PSI P4HB RP015 for October 2014-March 2015

Renewals

By the end of Q1 2015, a total of 2,844 women were sent renewal letters (34 of whom were enrolled in the IPC component, 5 were enrolled in the LIM component and the remainder (2,805) were enrolled in the FP component of the program). Only 17.6% of the women to whom P4HB renewal letters were sent reminding them to renew their eligibility in the P4HB program actually completed their renewal applications. The primary reason why eligibility was not renewed for these women was that they simply failed to complete the review process.

CMO Enrollment, Service Utilization, and Outreach

The following information reflects enrollment, service utilization and outreach information as provided to DCH through the Q1 2015 P4HB reports submitted by the Georgia Families CMOs. Additional sources of data in this section of the report include the monthly MMIS Report MGD-3823-M, the MCHB Enrollment after EOM Processing Report, and the Family Planning/Resource Mother Quarterly CMO Reports. **Table 3** highlights the main findings for each CMO regarding enrollment, contraceptive utilization, and family planning and IPC service utilization during Q1 2015. **Table 4** highlights the main findings for each CMO regarding outreach activities to potential FP and IPC enrollees during Q1 2015.

Table 3: CMO Enrollment and Utilization of Services, January-March 2015			
CMO	**Enrollment**	**Contraception Utilization**	**Family Planning and IPC Service Utilization**
Amerigroup	**DCH Reported Enrollment** **FP:** 3,354 **IPC**: 73 **RM/LIM**: 10 **Total Enrollment**: 3,437 **% of all P4HB enrollment:** 29.1% **% of all P4HB enrollment in previous quarter**: 25.8% **CMO Reported Enrollment:** **FP:** 4,281 **IPC**: 105 **RM//LIM**: 11 **Total Enrollment**: 4,397 **% of all P4HB enrollment:** 32.8%	**Use of Known Contraception** **FP:** 690 **IPC:** 11 **Total:** 701 **Most common form of contraception** **FP:** Oral contraception (57.1%); injectable (39.4%) **IPC:** Oral contraception (27.3%) **Number of women with unknown form of contraception** **FP:** 684 **IPC:** 21 **Total:** 705	**Number of Participant who utilized one or more covered FP services** **FP**: 1,193 **IPC**: 29 **RM:** 5 **Total**: 1,227 **IPC Service Utilization** **Dental care:** 6 **Primary care:** 25
Peach State	**DCH Reported Enrollment** **FP:** 3,398 **IPC**: 119 **RM//LIM**: 31 **Total Enrollment**: 3, 548 **% of all P4HB enrollment:** 30.0% **% of all P4HB enrollment in previous quarter**: 30.5% **CMO Reported Enrollment:** **FP:** 3,756 **IPC**:189 **RM//LIM**: 31 **Total Enrollment**: 3,548 **% of all P4HB enrollment:** 30.5%	**Use of Known Contraception** **FP:** 1,146 **IPC:** 56 **Total:** 1,202 **Most common form of contraception** **FP:** Oral contraception (52.9%); IUDs (4.1%); injectable (29.6%) **IPC:** Oral contraception (41.1%), injectable (26.8%) **Number of women with unknown form of contraception** **FP:** 474 **IPC:** 33 **Total:** 507	**Number of Participant who utilized one or more covered FP services** **FP**: 1,660 **IPC**: 80 **RM**: 12 **Total**: 1,752 (44%) **IPC Service Utilization:** **Primary Care:** 175 **Substance Abuse:** 2 **Resource Mother:** 34
WellCare	**DCH Reported Enrollment** **FP:** 4,767 **IPC**: 62 **RM//LIM**: 7 **Total Enrollment**: 4,836 **% of all P4HB enrollment:** 40.9% **% of all P4HB enrollment in previous quarter**: 43.7% **CMO Reported Enrollment:** **FP:** 4,941 **IPC**: 63 **RM//LIM**: 6 **Total Enrollment**: 5,010	**Use of Known Contraception** **FP:** 1,312 **IPC:** 13 **Total:** 1,325 **Most common form of contraception** **FP:** Oral contraception (63.7%); injectable (28.5%) **IPC:** Oral contraception (61.6%), injectable (30.8%)	**Number of Participant who utilized one or more covered FP services** **FP**: 2,507 **IPC**: 29 **Total**: 2,536 **IPC Service Utilization:** **Dental:** 9 **Primary Care:** 40

Table 3: CMO Enrollment and Utilization of Services, January-March 2015			
CMO	**Enrollment**	**Contraception Utilization**	**Family Planning and IPC Service Utilization**
	% of all P4HB enrollment: 37.5%	**Number of women with <u>unknown form of contraception</u>** **FP:** 102 **IPC:** 0 **Total:** 102	

Table 4: CMO Outreach, Q1 2015		
CMO	**All Outreach Activities**	**IPC Specific Outreach**
Amerigroup	# of outreach activities: 109 # of participants: 1,025 Types of activities: • 29 community events • 80 provider relations activities	• 17 face-to-face RM visits • 54 telephone contacts by RM workers • Community "Baby Showers" • "Diaper Days"
Peach State	• 539 calls made to new members • 586 new P4HB member packets mailed • 1,578 members (new and existing) received education materials • 863 new providers received provider toolkits about P4HB • 174 provider staff members attended new provider orientations	• 54 members who had a VLBW infant received telephone calls • All members who delivered a VLBW baby received face-to-face education on the IPC program • A total of 1,252 mothers seen in a high volume delivery hospital were educated face to face
WellCare	# of outreach activities: 25 # of participants: 231 • P4HB mailings sent to 1,748 members who recently delivered • P4HB mailings sent to 972 members determined to be within 60 days of their estimated delivery date.	• 38 potential IPC members received RM outreach calls or face-to-face visits from Resource Mother Staff. 12 newly enrolled members received Resource Mother outreach in the NICU. • 24 members were educated through prenatal and postpartum education.

P4HB OUTREACH ACTIVITIES

During Q1 2015, DCH staff met with representatives of the GFPS (the current state Title X grantee) to discuss the P4HB program and the assistance the GFPS sites would be providing during upcoming months to women submitting electronic applications for the P4HB program.

DCH and the CMOs will continue to engage practitioners regarding P4HB. DCH also discussed performance outcomes and described the role of the P4HB program in improving outcomes for mothers and infants during the February 2015 Medical Care Advisory Committee meeting.

DCH continued to send eighth month letters to pregnant Medicaid members (in the RSM eligibility group) about the P4HB program. The eight month letters were previously identified as the third most frequently cited source for the P4HB applicants' knowledge about the program. The letters provide women with information regarding P4HB eligibility and enrollment along with details about selecting a CMO. The Department of Public Health, through the county public health departments in the state, provided P4HB information to women applying for presumptive pregnant woman eligibility. In the "How Did you Hear" surveys, the local public health departments were ranked as the second most common source of information about the P4HB program by women submitting electronic applications for the program – second only to friends sharing P4HB information with friends. We continue to monitor the effectiveness of these efforts as they serve to raise women's awareness of the family planning and related services available under the P4HB program.

EVALUATION ACTIVITIES

Emory University, the P4HB program evaluator, reported the following evaluation activities that were underway during Q1 2015:

1) Emory continued to work with DCH and the new Title X grantee to obtain the detailed data used in earlier reports on usage of family planning and contraceptives through Title X clinics and Medicaid providers. It appears, however, these detailed data will no longer be available to the research team. The team did obtain the Family Planning Annual

Reports (FPAR) data for 2009 through 2013 to assess the agreement between the detailed data previously received from the Department of Public Health (DPH) and that sent to the Office of Population Affairs (OPA) as part of these FPAR reports. Our counts of users, etc. were within 3-4% of the FPAR totals despite some differences in the actual samples used for various measures. Moreover, for all measures, the Title X FPAR and DPH data matched in regards to the directions of change from one year to the next. In comparing the two reports, we found that the aggregate measures we will have in the future are: 1) number of family planning users by gender; 2) number of family planning users by income; 3) number of family planning users by insurance status; 4) number of family planning users by birth control effectiveness levels after the visit; and 5) Chlamydia screening status. Given that we have data for the prior Title X grantee through June of 2014 and will receive the total service use in the November 2014 FPAR report, the team plans to report on the change (we anticipate a drop) in usage of Title X funded services between August and December 2014 in the Year 4 Annual Report to CMS.

2) The earlier data from the State's Title X staff were used along with the Medicaid claims and enrollment data to draft a paper for the *Journal of Women's Health*. This paper is currently under final review by DCH.

3) In preparation for the upcoming Annual Report and to begin to assess the effects of the P4HB program, Emory developed measures for 2009-2012 for each Medicaid birth linked to vital records on: 1) birth weight category (LBW, normal, VLBW) of an 'index' birth (first observed) in vital records; 2) birth weight category of next birth; 3) interpregnancy interval <=6 months; 3) teen births; and 4) repeat teen births for women in the LIM and RSM eligibility groups when delivering a live birth during this period.

These measures were also derived for women in groups of privately insured with live births. Some part of the latter group (for example, those with a high school education or less) will be used as a comparison group as we examine trends in these outcomes pre and post the P4HB implementation. The characteristics of the privately insured women with a high school education or less will be compared to those women delivering under the RSM eligibility category as a step toward developing a more comparable group of privately insured women. Other outcomes (e.g. preterm birth) will also be developed from vital records and used in our upcoming Annual Report. These measures, based on the vital records, will also be supplemented with measures specific to P4HB enrollees (repeat pregnancy, repeat births, and birth weight category) as in earlier annual reports.

4) Emory will assist DCH as needed with information to support the extension of the P4HB program.

The evaluation team will continue to revise the contents of the quarterly and annual reports by incorporating more of the pre/post analysis of the data in order to test whether there have been effects of the demonstration on the key outcomes. As noted, specific outcomes that reflect the anticipated effects of the P4HB program have been calculated for groups of Medicaid and privately insured women and will be reported on in the near future. While the team has worked with the PRAMS data for the ‘pre’ P4HB data period to derive estimates of the birth weight distribution and percentage of preterm births among women uninsured pre-pregnancy and with Medicaid insurance at delivery, the CDC continues to report that the 2012 data is not yet available. It is possible that these data will be released only when a lower response rate has been accepted by the PRAMS working team. Once these are available, the Emory team will include PRAMS data in the annual report.

ACTION PLANS

1. The CMOs will continue to provide outreach to their network providers who provide care for high risk pregnant women.
2. DCH will meet with the President and Chief Executive Officer of the Georgia Family Planning System, the new Title X grantee for the state of Georgia, to discuss their upcoming outreach activities related to the P4HB program during the second quarter as previously described.
3. Emory to conduct a retrospective study regarding the percentage of women coming into the P4HB program already pregnant or becoming pregnant within the first three months of P4HB enrollment as of January1, 2011 and going forward.

EXPENDITURES

Because the number of women enrolled in the FP and IPC components of the P4HB program increased in January 2015 from the December 2014 level then dropped in February and rose again in March 2015, the total spend for the program also fluctuated by month since the CMOs who administer the program are paid on a capitated basis. Further impacting the cost of the program was DCH's receipt of an approval from CMS for a change to the capitation rates for the P4HB program. These capitation rate changes were retroactive to July 2014. The original PMPM for the FP component of the P4HB program was $41.35 and the new rate for SFY 2015 is $27.12. The original PMPM for the IPC component of the program was $240.00 and the new SFY 2014 rate is $219.36. The changes also resulted in a recoupment of $1,964,621.16 in total funds from the CMOs for the FP and IPC components during Q1 2015 and required a

restatement of the CY 2014 budget neutrality calculation. This revised budget neutrality calculation is included on page 26 of this report.

For Q1 2015 and as shown in past quarters, the great majority of capitation payments were for those women enrolled in family planning only benefits within the P4HB program.
We continue to exclude from the IPC and total program costs the low-income or disabled women receiving Resource Mother/Case Management only services since their costs cannot be combined with that of the women enrolled in the IPC component of the P4HB program.

Budget Neutrality

Our PY 4 Annual Report will include a budget neutrality sheet inclusive of costs for children born during the third year of the Demonstration, using the claims for CY 2014 to give us the estimates of the first year of life costs for these infants born in CY 2013. The Q1 2015 budget neutrality calculation can be found on the following page of this report.

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2015						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
WITHOUT DEMONSTRATION - All P4HB Participants (FP and IPC) - FP and associated services (Effective FP?)						
FP and FP-Related Services for All P4HB Pop - 90:10 and reg	FP Enrollee Member Months	34,611				34,611
FMAP rates (multivits, immunizations, admin., etc)	IPC Enrollee Member Months	787				787
	PMPM for FP Members FP related Services	$23.17				$23.17
	PMPM for IPC Members FP related Services	$33.64				$33.64
	Total	$ 828,242	$ -	$ -	$ -	$ 828,242
First Year Infant Costs for VLBW Babies < 1,500 grams (all Medicaid paid births)	Estimated Persons					2,117
	Cost per Person	$ -	$ -	$ -	$ -	$ 64,872.90
	Total	$ -	$ -	$ -	$ -	$ 137,335,929
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)	Estimated Persons					$ 5,768
	Cost per Person	$ -	$ -	$ -	$ -	$ 8,429.88
	Total	$ -	$ -	$ -	$ -	$ 48,623,548
TOTAL WITHOUT- DEMONSTRATION COSTS		**$ 828,242**	**$ -**	**$ -**	**$ -**	**$ 186,787,719**
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
Interpregnancy Care Services at	Member Months	787	-	-	-	787
the FMAP rate	PMPM	$ 122.89				$ 122.89
	Total	$ 96,713	$ -	$ -	$ -	$ 96,713
First Year Infant Costs VLBW	Persons					-
Infants < 1,500 grams (all Medicaid paid births adjusted for effect of IPC services)	Cost per Person	$ -	$ -	$ -	$ -	
	Total	$ -	$ -	$ -	$ -	
First Year Infant Costs for LBW	Persons	0	0	0		0
Babies 1,500 to 2,499 grams (all Medicaid paid births adjusted for effect of IPC Services)	Cost per Person					
	Total	$ -	$ -	$ -	$ -	
First Year Infant Costs for	Persons	0	0	0	0	0
Normal Weight > 2,500 grams	Cost per Person					
only for women who participated in the IPC	Total	$ -	$ -	$ -	$ -	$ -
TOTAL WITH DEMONSTRATION COSTS		**$ -**	**$ -**	**$ -**	**$ -**	**$ 96,713**
DIFFERENCE						**$ 186,691,006**

Georgia's P4HB Budget Neutrality Worksheet for: FEDERAL COST CY 2014 REVISED						
		Quarter 1	Quarter 2	Quarter 3	Quarter 4	TOTAL
WITHOUT DEMONSTRATION - All P4HB Participants (FP and IPC) - FP and associated services (Effective FP?)						
FP and FP-Related Services for All P4HB Pop - 90:10 and reg	FP Enrollee Member Months	78,945	52,394	35,620	33,848	200,807
FMAP rates (multivits, immunizations, admin., etc)	IPC Enrollee Member Months	764	906	865	872	3,407
	PMPM for FP Members FP related Services	$35.99	$35.99	$23.11	$23.17	$29.56
	PMPM for IPC Members FP related Services	$28.95	$28.95	$33.64	$33.64	$31.30
	Total	$ 2,863,135	$ 1,911,747	$ 852,301	$ 813,427	$ 6,042,997
First Year Infant Costs for VLBW Babies < 1,500 grams (all Medicaid paid births)	Estimated Persons					2,117
	Cost per Person	$ -	$ -	$ -	$ -	$ 64,872.90
	Total	$ -	$ -	$ -	$ -	$ 137,335,929
First Year Infant Costs for LBW Babies 1,500 to 2,499 grams (all Medicaid paid births)	Estimated Persons					$ 5,768
	Cost per Person	$ -	$ -	$ -	$ -	$ 8,429.88
	Total	$ -	$ -	$ -	$ -	$ 48,623,548
TOTAL WITHOUT- DEMONSTRATION COSTS		**$ 2,863,135**	**$ 1,911,747**	**$ 852,301**	**$ 813,427**	**$ 192,002,474**
WITH DEMONSTRATION - IPC SERVICES excl. Resource Mothers Only Participants Only						
Interpregnancy Care Services at	Member Months	764	906	865	872	3,407
the FMAP rate	PMPM	$ 137.02	$ 137.02	$ 121.03	$ 122.89	$ 129.49
	Total	$ 104,687	$ 124,144	$ 104,695	$ 107,159	$ 440,684
First Year Infant Costs VLBW	Persons					-
Infants < 1,500 grams (all Medicaid paid births adjusted for effect of IPC services)	Cost per Person	$ -	$ -	$ -	$ -	
	Total	$ -	$ -	$ -	$ -	
First Year Infant Costs for LBW	Persons	0	0	0		0
Babies 1,500 to 2,499 grams (all Medicaid paid births adjusted for effect of IPC Services)	Cost per Person					
	Total	$ -	$ -	$ -	$ -	
First Year Infant Costs for	Persons	0	0	0	0	0
Normal Weight > 2,500 grams	Cost per Person					
only for women who participated in the IPC	Total	$ -	$ -	$ -	$ -	$ -
TOTAL WITH DEMONSTRATION COSTS		**$ -**	**$ -**	**$ -**	**$ -**	**$ 440,684**
DIFFERENCE						**$ 191,561,790**